COMPLAINT QUESTIONNAIRE

- Please complete this form with as much detail as possible. Missing information will delay processing.
- Please provide the explanted product(s) in sterile condition

A. Customer Information		
Clinic Name		
E-mail		Phone Number
Implanting Dentist		
Country		
B. Product Information		
Type of Product	○ Implant ○ Prosthetics ○ Instrument	
Article Number		
Lot Number		
Product Returned	○ yes ○ no	
C. Patient Information		
Patient ID		
Age	○ <20 ○ 20-50 ○ 50-70 ○ >70	
Bone Type	○ D1 ○ D2 ○ D3 ○ D4	
Tooth Nr.		
History	○ Smoker ○ Bruxes ○ Diabetics ○ No significant findings ○ Other ___________________	
D. Surgery Information		
Date of implantation	__/__/____	
Date of prosthetic restoration	__/__/____	
Information on procedure	○ Original TRI® Instruments used ○ Instruments cleaned, desinfected and sterilized before use ○ Bone augmentation procedure used ○ Other____	
E. Information about the incident		
Date of incident	__/__/____	
Oral hygiene around implant	○ Excellent ○ Good ○ Average ○ Poor	
Patients' symptoms	○ Pain ○ Infection ○ Swelling ○ Dehiscence ○ Bone loss ○ Nerve Injury ○ Other____	
Description of the event	○ Lack of primary stability ○ Lack of osseointration ○ Mechanical malfunction of the product ○ Handling issue ○ Other____ **Please describe why you think the implant was lost or had to be removed** ____ ____ ____ Could the patient be succesfully retreated: ○ yes ○ no	

F. Information about the incident

Please sent the completed form with the explanted product(s) in sterile condition to:

TRI® Dental Implants
ATTN: Complaint Handling
Merzhauserstrasse 183
79100 Freiburg
Germany

Questions
E-Mail: complaints@tri-implants.swiss
Fax: +41 32 510 1601
Phone: 00800 3313 3313

Upon receipt, TRI® Dental Implants will review your feedback and inform you. When all necessary information is recieved, replacement product(s) can be provided in a timely matter

G. Signature & Date

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